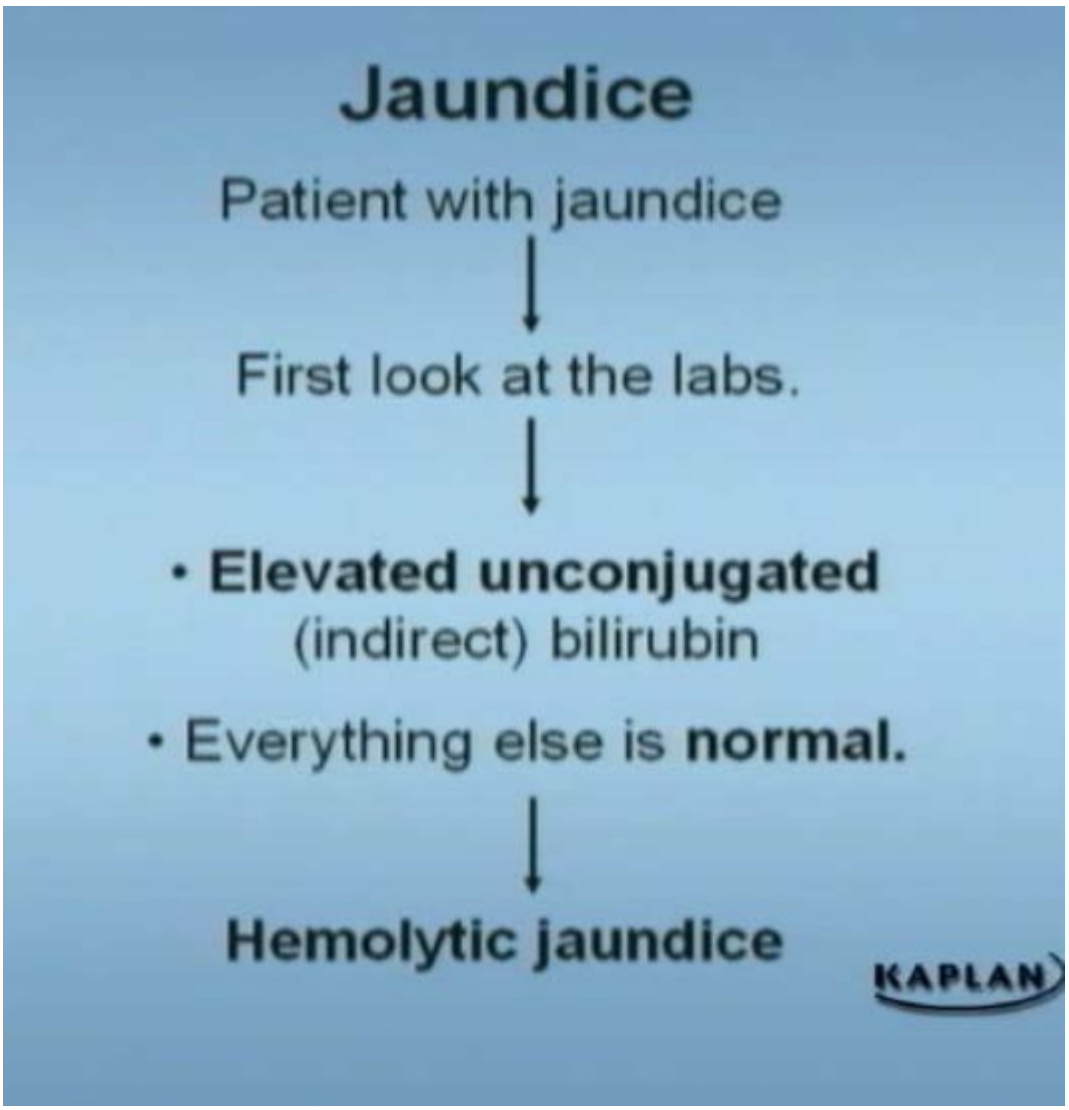

Jaundice
Patient with jaundice
First look at the labs.
• Elevated unconjugated (indirect) bilirubin
• Everything else is normal.
Hemolytic jaundice
KAPLAN

Jaundice *(cont'd.)*

Patient with jaundice

↓

First look at the labs.

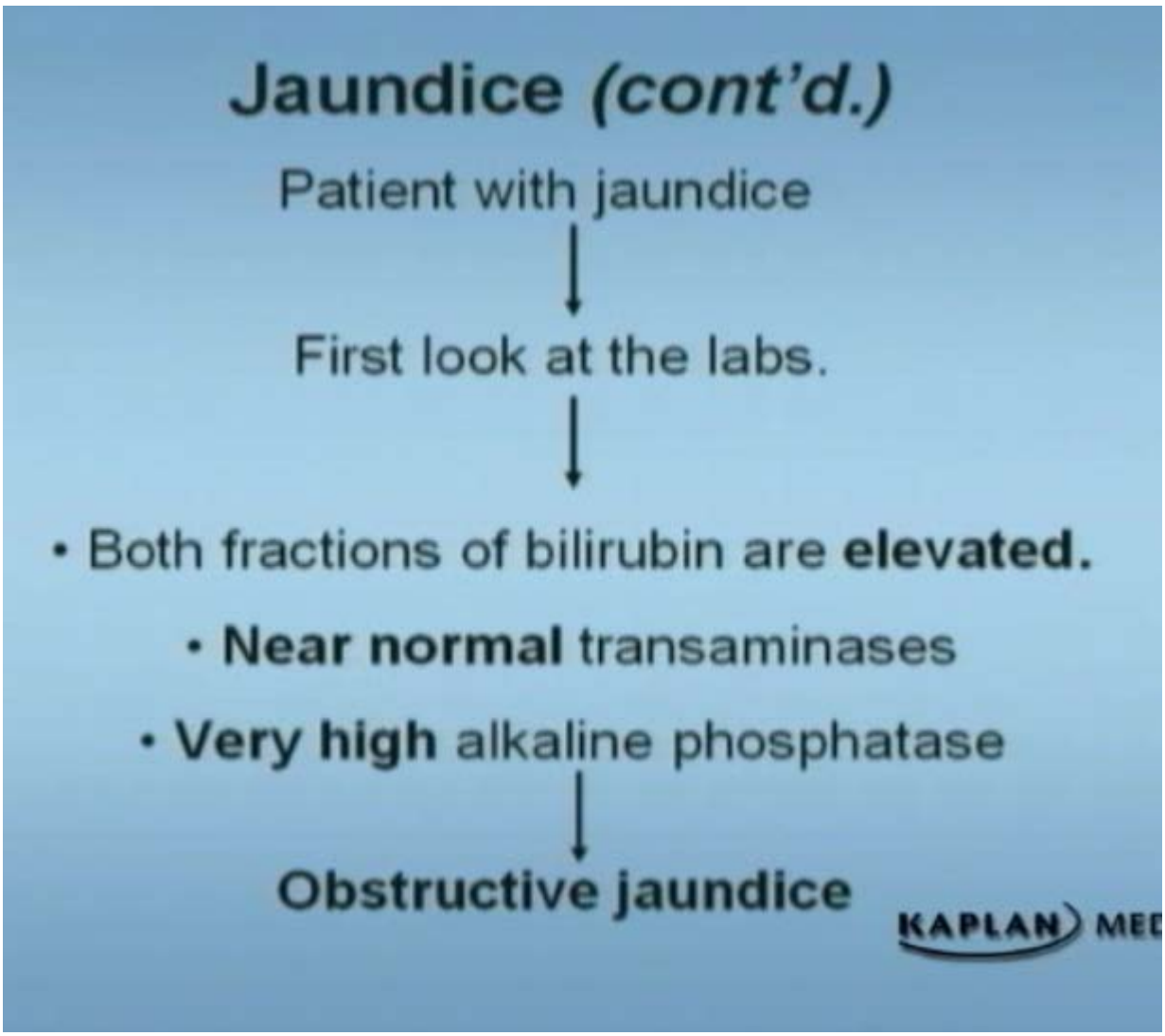
↓

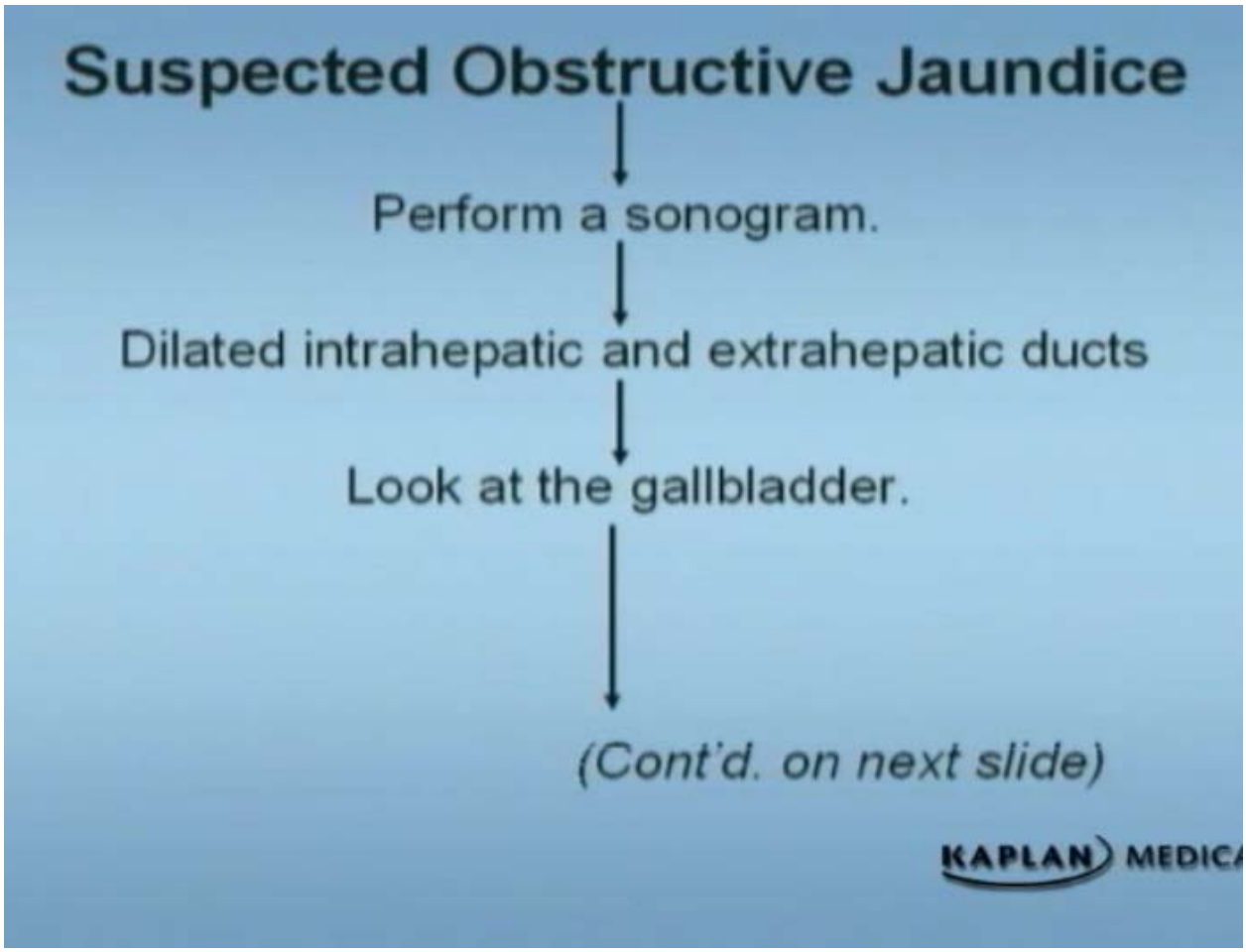
- Both fractions of bilirubin are **elevated.**
- **Very high** transaminases
- Near **normal** alkaline phosphatase

↓

Hepatocellular jaundice

KAPLAN MED


Jaundice (cont'd.)
Patient with jaundice
First look at the labs.
• Both fractions of bilirubin are elevated.
• Near normal transaminases
• Very high alkaline phosphatase
Obstructive jaundice
KAPLAN MED


Suspected Obstructive Jaundice
Perform a sonogram.
Dilated intrahepatic and extrahepatic ducts
Look at the gallbladder.
(Cont'd. on next slide)
KAPLAN MEDICA

Suspected Obstructive Jaundice *(cont'd.)*

Look at the gallbladder.

- Shrunken gallbladder full of stones
- Obstruction probably due to stones

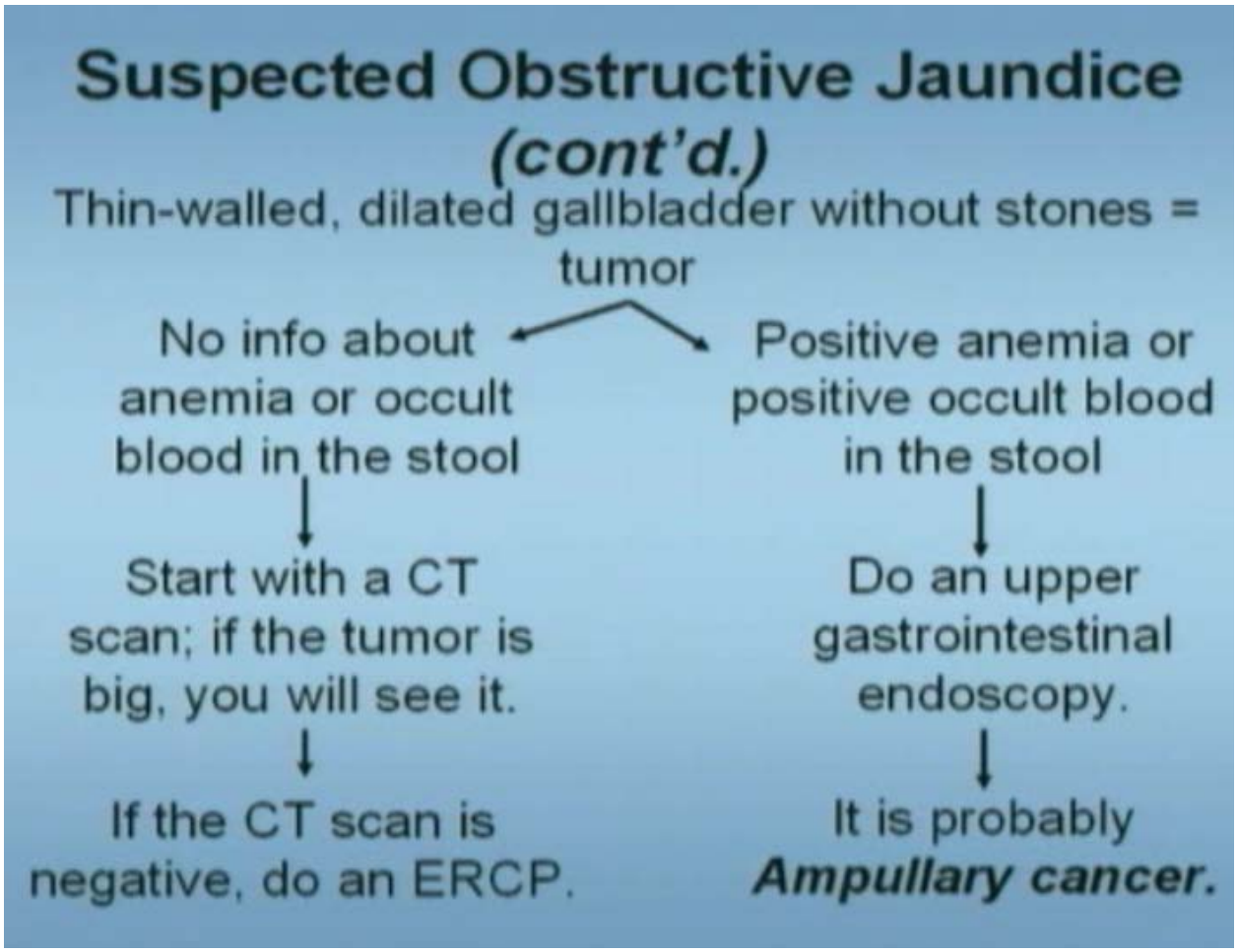
↓

- Do ERCP to confirm the diagnosis; extract stones
- Cholecystectomy later

- Thin-walled, dilated gallbladder without stones
- It is a tumor.

↓

Continued on next slide


Suspected Obstructive Jaundice
(cont'd.)
Thin-walled, dilated gallbladder without stones = tumor
No info about anemia or occult blood in the stool
Start with a CT scan; if the tumor is big, you will see it.
If the CT scan is negative, do an ERCP.
Positive anemia or positive occult blood in the stool
Do an upper gastrointestinal endoscopy.
It is probably Ampullary cancer.


Biliary Tract Disease
The Fat Female in her Forties with Fifty Five children
with right upper quadrant pain
Biliary tract disease
After initial labs, your work-up always begins with a sonogram.
KAPLAN MEDICAL

Biliary Tract Disease *(cont'd.)*

Gallstones are discovered **serendipitously.**

The patient is completely **asymptomatic.**

↓

No surgery or other treatment is indicated.

Biliary Tract Disease *(cont'd.)*

History of **RUQ, colicky pain** after **fatty foods**

No pain right now

Negative physical exam

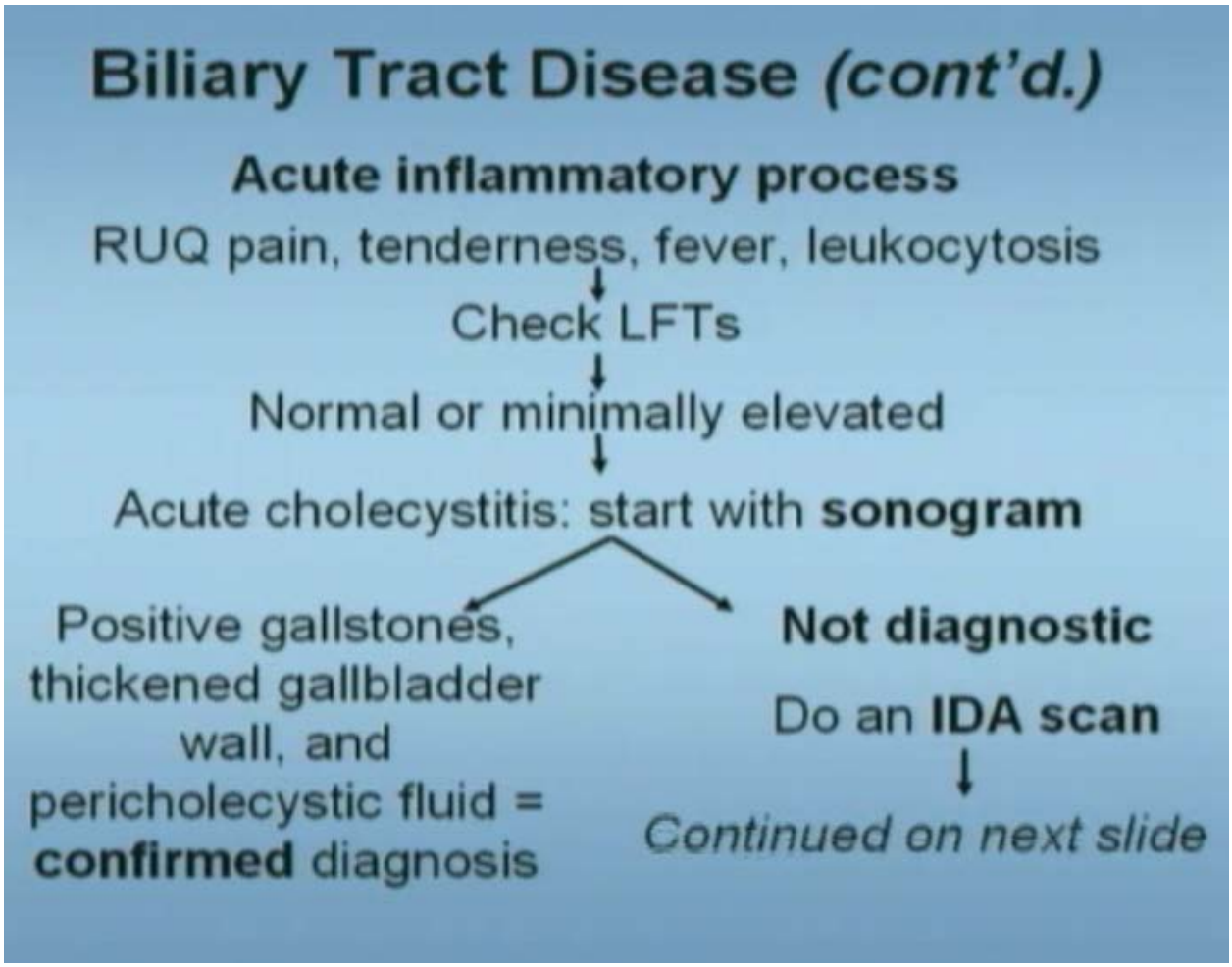
↓

Do a **sonogram.**

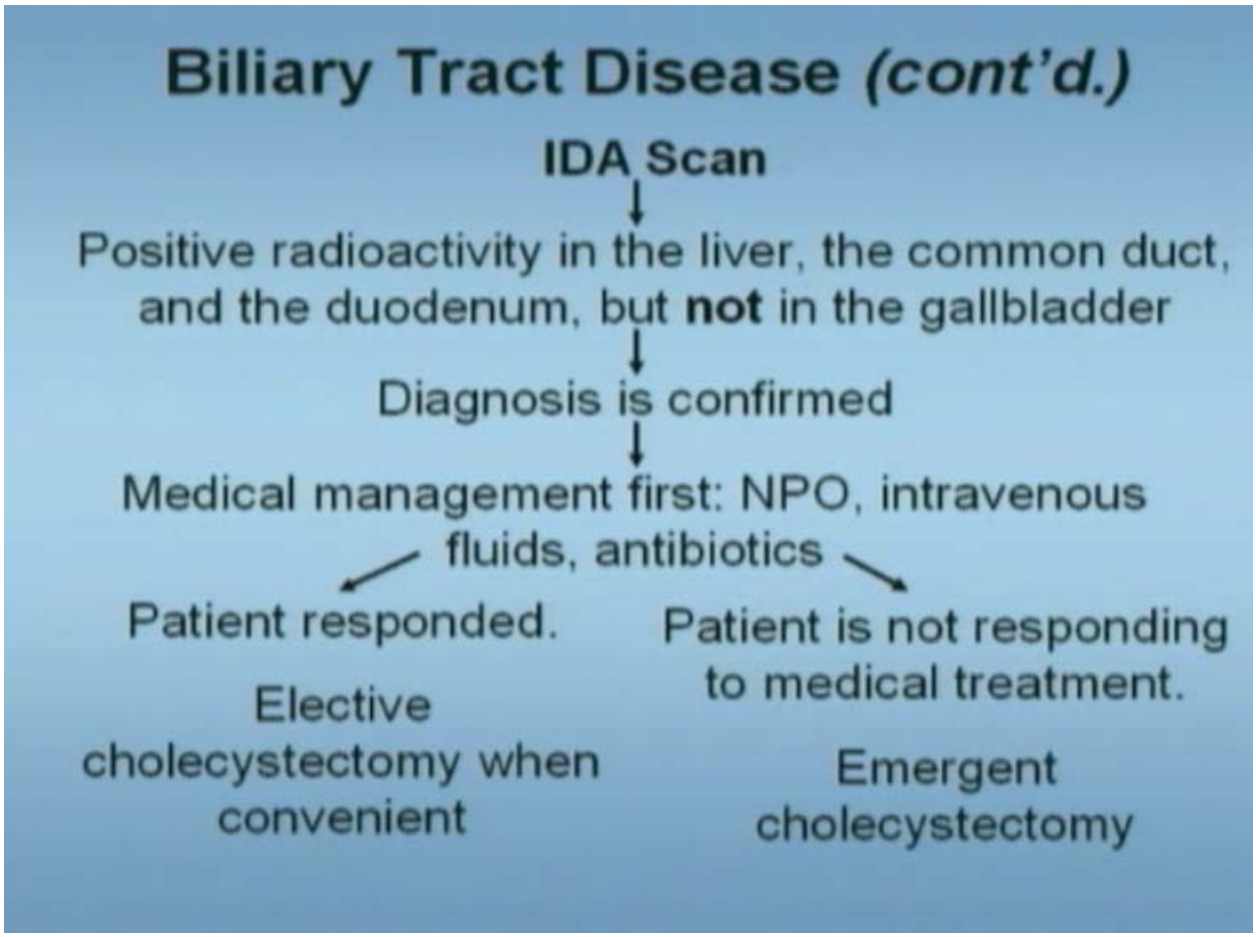
↓

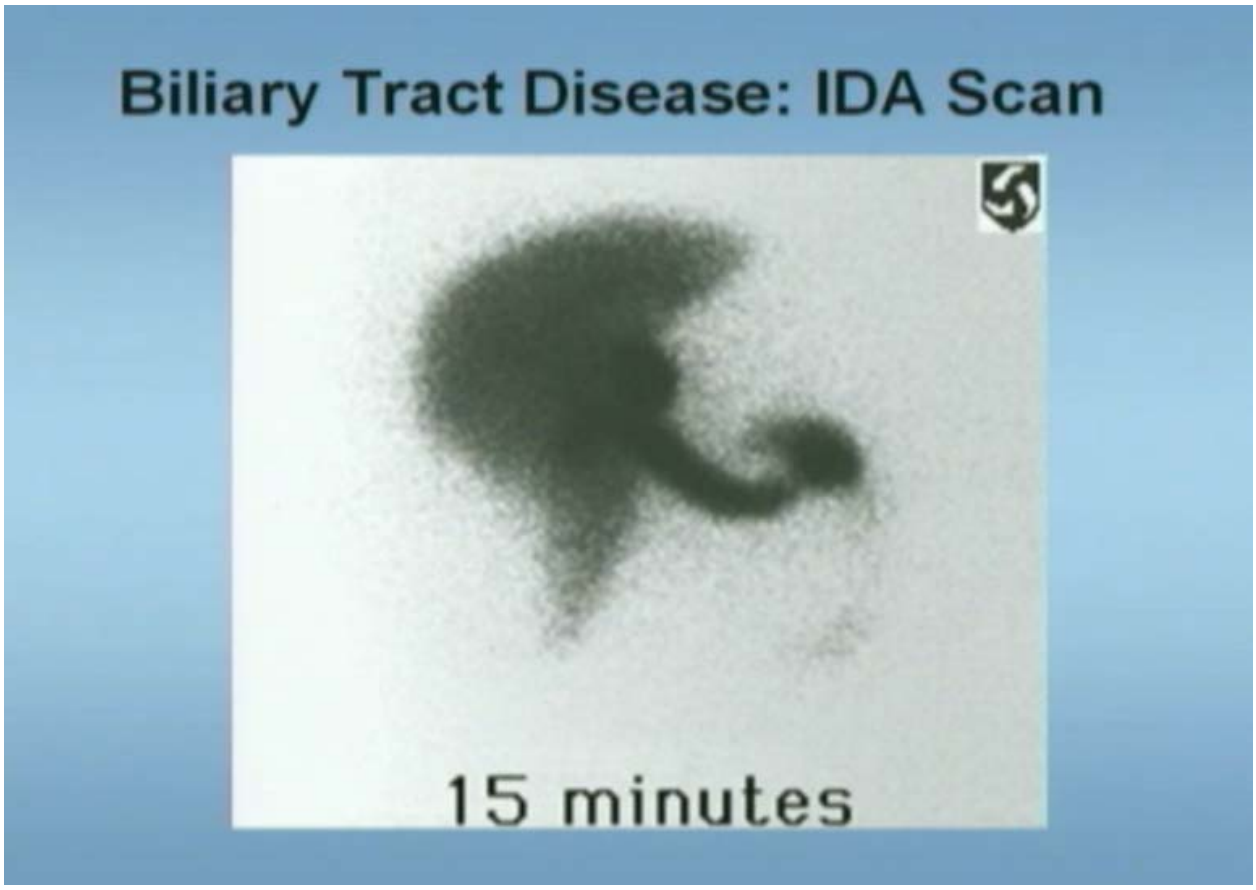
Advise an **elective cholecystectomy.**

KAPLAN MEDICAL


Biliary Tract Disease (cont'd.)
Acute inflammatory process
RUQ pain, tenderness, fever, leukocytosis
Check LFTs
Normal or minimally elevated
Acute cholecystitis: start with sonogram
Positive gallstones, thickened gallbladder wall, and pericholecystic fluid = confirmed diagnosis
Not diagnostic
Do an IDA scan
Continued on next slide

Biliary Tract Disease *(cont'd.)*




Biliary Tract Disease: IDA Scan
15 minutes

Biliary Tract Disease *(cont'd.)*

Acute inflammatory process

RUQ pain, tenderness, fever, leukocytosis

↓

Check LFTs

↓

Elevated **bilirubin** and very high **alkaline phosphatase** in a very **old, sick** patient is **acute ascending cholangitis.**

↓

Sonogram shows dilated ducts, gallstones, **without** signs of gallbladder inflammation; this is a BIG **emergency.**

Intravenous antibiotics, ICU admission, immediate **ERCP** to drain the pus from the common bile duct

Biliary Tract Disease *(cont'd.)*

- Eventually, the patient will also require a cholecystectomy.

Biliary Tract Disease *(cont'd.)*

Acute inflammatory process

RUQ pain, tenderness, fever, leukocytosis

↓

Check LFTs

↓

Elevated bilirubin, **alkaline phosphatase**, amylase, and lipase

↓

Biliary pancreatitis: start with **sonogram**

↓

Dilated ducts, gallstones in the gallbladder, no signs of gallbladder inflammation

↙

Conservative treatment: NPO, intravenous fluids with hope the stone will pass spontaneously

→ Does not pass in a few days: ERCP, sphincterotomy, stone removal

Biliary Tract Disease

- In either case, there will have to be an eventual cholecystectomy